

B.S. 6/2/99

Holcl

*** APPLICATION INFORMATION DISPLAY ***

06/22/99 09:56

DETAIL

CONTENTS:

SC/SN: 09/301853

INFORMATION:

03 OIFE I 05/19/99

FILD: 04/29/99

02 SCAN E 05/13/99

PATNO:

PUBNO:

F301853

01 IEXX E 05/05/99

ISSDT: 00/00/00

PUBDT: 00/00/00

ABNDT: 00/00/00

PGPUB CL/SC: /

APPL: OHBUCHI

ET AL

LOC: 2709

LOC DT: 06/17/99

BATNO:

CHG-LOC: 2745

IE TEAM: 00

ISSNO: 00

CHGTO-NAME: NOT ASSIGNED

TOT ACT: 00 STATUS: 020 STADT: 05/20/99

RESP CD:

START DT: / /

DUE DT: / /

EXMR NO/NAME: 00000/NOT ASSIGNED

DOCKET DATE: / /

GAU: 2745

L R CD: 01

ATTY DOCK #: FUJS-16.073

LOST N

LOST DT 00/00/00

APPLN TYPE: 1 TYPE SM ENT: 0 UNMAT PET: N

CURR CL/SC: 455/

FOR PRIOR CL: Y PET FAOM:

TITLE OF INVENTION: UNAVAIL FOR ACTION: N PP UNAVAIL: 0

INTERLEAVING METHOD AND APPARATUS, DE-INTERLEAVING METHOD AND
APPARATUS, AND INTERLEAVING/ DE-INTERLEAVING SYSTEM AND APPARATUS


END OF DISPLAY

TO DISPLAY CONTENTS: PUSH SEND


SERIAL NUMBER 09/301,853	FILING DATE 04/29/99	CLASS 455	GROUP ART UNIT 2745	ATTORNEY DOCKET NO. FUJS-16.073
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APPLICANT KAZUHISA OHBUCHI, KAWASAKI-SHI, JAPAN; TAKAHARU NAKAMURA, KAWASAKI-SHI, JAPAN; KAZUO KAWABATA, KAWASAKI-SHI, JAPAN.

CONTINUING DOMESTIC DATA***
VERIFIED



371 (NAT'L STAGE) DATA***
VERIFIED




FOREIGN APPLICATIONS***
VERIFIED JAPAN

HEI 10-311512 10/30/98



IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <u></u> Examiner's Initials _____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 30	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
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ADDRESS	HELFGOTT & KARAS EMPIRE STATE BLDG 60TH FLOOR NEW YORK NY 10118
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TITLE	INTERLEAVING METHOD AND APPARATUS, DE-INTERLEAVING METHOD AND APPARATUS, AND INTERLEAVING/ DE-INTERLEAVING SYSTEM AND APPARATUS
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FILING FEE RECEIVED \$994	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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